RECEIVED CENTRAL FAX CENTER

OCT 0 4 2004

STOEL RIVES LLP

ATTORNEYS

STANDARD INSURANCE CENTER 900 SW FIFTH AVENUE, SUITE 2300 PORTLAND, OREGON 97204-1268 Telephone (503) 224-3380 Fax (503) 220-2480

' CERTIFICATION	OF FACSIMILE	TRANSMISS	HON
I HEREBY CERTIFY TO MILE TRANSMITTED TO OFFICE ON THE DATE :	MAY TUIC DA	DCD 10 0-	
Connie	Ena	いるい	
SYPECA PRINT MAME	OF PERSON ST	ENING CERT	FICHTION
10,) Erm	ة، ن	11/04
HEMATHRE		DATE	

	Name:	Fax No.	Company/Firm:	Office No.					
TO:	Exr. McDieunel Marc	(703) 872-9306	U.S. Patent and Trademark Office	703-305-4478					
	Name:	Sender's Direct Dial: (503) 294-9314							
FROM:	Paul S. Angello								
Client:	40146		Matter: 32:6						
DATE:	October 1, 2004								
No. of Pa	ges (including this cover):	25		•					
Originals Checked:	Not Forwarded Unless	First Clas Mail	S Overnight Delivery	Hand Delivery					
In case of	error call the fax operator	at (503) 294-9508.	•						
This facsimile may contain confidential information that is protected by the attorney-client or work product privilege. If the reader of this message is not the intended recipient or an employee responsible for delivering the facsimile, please do not distribute this facsimile, notify us immediately by telephone, and return this facsimile by mail. Thank you.									
COMME	NTS:								
This Supplemental Preliminary Amendment is being transmitted in accordance with the formal facsimile procedures and corresponds to:									
Filed: Au Title: SPI Applicant: Group Art	nt Application No. 10/649, gust 26, 2003 ECIMEN SENSING AND Paul Bacchi and Paul S. Unit: 3661 ion No. 5500	EDGE GRIPPING	END EFFECTOR						

Confirmation No. 5500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Paul Bacchi and Paul S. Filipski

Application No. 10/649,116

Filed: August 26, 2003

For: SPECIMEN SENSING AND EDGE

GRIPPING END EFFECTOR

Group Art Unit: 3661

Examiner: McDieunel Marc

Date: October 1, 2004

CERTIFICATION OF FACSIMILE TRANSMISSION

NEREBY CERTIFY THAT THIS PAPER IS BEING FASSI-BILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW.

Connie English TYPEOR PRINT NAME OF PERSON SIGNING CERTIFICATION

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

[X] Patent Application Fee Determination Record

[X]Supplemental Preliminary Amendment

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with filing of these papers, or credit overpayment, to Account No. 19-4455.

Respectfully submitted

Paul Bacchi and Paul S. Filipski

Paul S. Angello

Registration No. 30,991

STOEL RIVES LLP

900 SW Fifth Avenue, Suite 2600

Portland, Oregon 97204-1268

Telephone: (503) 224-3380

Facsimile: (503) 220-2480

Attorney Docket No.: 40146/32:6

1

Equivalent to PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
0 a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Applica	Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN OR SMALL ENTITY					
FOR NUMBER FILED			NUMBER EXTRA		7 [RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))							\$	OR		\$ <u>750</u>			
TOTAL CLAIMS (37 CFR 1.15(c))			19	minus 20 = -		- 0			x \$=		OR	x \$ <u>18</u> =	٥
MIDEDENIA OF ALLES			nus 3 =	0			x \$=		OR	x \$ <u>84</u> =	0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))] [+ \$=		OR	+ \$=	0	
If the difference in column 1 is less then zero, enter "0" in column 2								TOTAL			TOTAL	\$750	
CLAIMS AS AMENDED PART II													
		(Colum				umn 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAI REMAI AFT AMEND	NING ER		PRE\	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total (37 CFR 1.16(c))	* 108		Minus	** 20		= 88] [× 5=		OR	× \$ <u>18</u> =	1,584
H.	Independent (37 CFR 1.16(b))	* 7		Minus	*** 3		= 4	1	x \$=		OR	× \$ <u>88</u> =	344
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(c)) +\$							+ \$=		QR	+ \$=	0		
TOTAL ADD'L FEE								OR	TOTAL ADD'L FEE	\$1,928			
		(Columi				ımn 2)	(Column 3)	- r			1		
AMENDMENT B		CLAI REMAI AFTI AMEND	NING ER		NU PRE	SHEST IMBER VIOUSLY ID FOR	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ĕ	Total (37 CFR 1,16(c))	* 108		Minus	** 108	3	= 0]. [×\$=		QR	x \$ <u>18</u> =	0
富	Independent (37 CFR 1.16(b))	- 7		Minus	*** 7		# O		x \$=		OR	x \$ <u>86</u> =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) +\$								QR	+ \$=	٥			
TOTAL ADD'L								OR	TOTAL ADD'L FEE	\$0			
	,	(Column				ann 2)	(Column 3)	, ,					
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		NU PRE\	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total (37 CFR 1.15(c))	*.	·	Minus	**	•	=		x \$=		OR	× \$	
Ë	Independent (37 CFR 1.16(b))	•		Minus	***		=] [x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFx 1,16(d)) +\$=								OR	+ \$=			
TOTAL ADD'L FEE							OR	TOTAL ADD'L FEE					
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 													

if the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

In re application of

Paul Bacchi and Paul S. Filipski

OCT 0 4 2004 Confirmation No. 5500

Application No. 10/649,116

Filed: August 26, 2003

For: SPECIMEN SENSING AND EDGE GRIPPING END EFFECTOR

Group Art Unit: 3661

Examiner: McDieunel Marc

Date: October 1, 2004

CERTIFICATION OF FACSIMILE TRANSMISSION

MEREBY CERTIFY THAT THIS PAPER IS BEING FASSIBILE TRANSMITTED TO THE PATERT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW.

TOURICE English

TO THE OF PERSONSHAMING CERTIFICATION

10/1/04

SIGNATURE

DATE

SUPPLEMENTAL PRELIMINARY AMENDMENT

TO THE COMMISSIONER FOR PATENTS:

This supplements the preliminary amendment filed by facsimile transmission on September 27, 2004. Please amend claims 23 and 37 of the above-identified patent application as follows.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 22 of this paper.